

# Expert Witness Statement Form 14

TLAB Case File Number

Questions or concerns about this form or process can be directed to the Toronto Local Appeal Body by telephone 416-392-4697 or by email at [tlab@toronto.ca](mailto:tlab@toronto.ca).

Information, including completed forms, disclosure documents and statements, you disclose to the Toronto Local Appeal Body (TLAB) in relation to a TLAB appeal is an adjudicative record that is a public record available to parties, participants and the general public. The legal authority to make the information public is section 1.0.1. of the Planning Act. As stated in Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, the provisions protecting individual privacy in Part 2 of that Act do not apply to any information collected in the TLAB's prescribed forms and associated filings for appeals.

Questions about this collection can be directed to the Manager of Tribunal Operations, Court Services, 40 Orchard View Boulevard, 2nd Floor, Suite 253, Toronto Ontario M4R 1B9 or by telephone at 416-392-3261.

### Part 1: Location Information

Address and/or Legal Description of property subject to appeal

Street Number

Street Name

Postal Code

### Part 2: Hearing Information

Hearing Date (yyyy-mm-dd)

Hearing Time

Hearing Location

### Part 3: Expert Witness Information

First Name

Last Name

- Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.

Single Name

Corporation Name or Association Name (Association must be incorporated), if applicable

Position Title (if applicable)

Email

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

Area of Expert Testimony

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## Part 4: Retaining Party Information

First Name

Last Name

- Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.

Single Name

## Part 5: Expert Witness Qualifications

Specify the area of expertise and attach a curriculum vitae.

## Part 6: Expert Witness Statement

Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.9 c), d) and e). The Applicant may have made revisions to the original application. Where applicable, relate and identify your opinion evidence to any application revisions identified in the Applicant's Disclosure (Form 3), the issues, Party Witness Statement(s) (Form 12) or Participant Witness Statement(s) (Form 13) filed and any reports or documents previously filed in accordance with Rule 16.2.

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## Part 6: Expert Witness Statement (Continued)

Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.9 c), d) and e). The Applicant may have made revisions to the original application. Where applicable, relate and identify your opinion evidence to any application revisions identified in the Applicant's Disclosure (Form 3), the issues, Party Witness Statement(s) (Form 12) or Participant Witness Statement(s) (Form 13) filed and any reports or documents previously filed in accordance with Rule 16.2. **(Continued from page 2)**

